6-2020

CLINICAL PREPAREDNESS OF CLINICIANS FOR LGBT CLIENTS

Martin Rojas

CLINICAL PREPAREDNESS OF CLINICIANS FOR LGBT CLIENTS

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

by

Martin Rojas

June 2020

CLINICAL PREPAREDNESS OF CLINICIANS WITH LGBT CLIENTS

A Project

Presented to the

Faculty of

California State University,

San Bernardino

---

by

Martin Rojas

June 2020

Approved by:

Laurie Smith, Faculty Supervisor, Social Work.

Armando Barragan, M.S.W. Research Coordinator

ABSTRACT

This study used surveys to measure the clinical competency of clinicians and their clinical preparedness, attitudes, knowledge of lesbian, gay, bisexual, and transgender (LGBT) clients using an exploratory quantitative research design. The purpose of the research was to assess clinician knowledge, preparedness, and attitudes to identify to what extent further training is needed to work effectively with the LGBT population. Data was collected from seventy-eight participants from southern California. Findings were that clinicians' knowledge regarding LGBT clients was high, attitudes were open towards this population, and preparedness was also relatively high. Comparisons between LGBT participants and other participants, social workers compared to other disciplines, and those working in the field compared to student interns, and males compared to others showed a slightly higher but not statistically significant clinical competency for LGBT persons, socials workers, and males. Recommendations include increasing LGBT content in all helping professional programs (MSW, MFT, PCC, Psychology), agencies should continue to improve LGBT trainings and clinicians should be encouraged to take LGBT trainings for clinical competency to serve this population increases even more.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER ONE

INTRODUCTION

Problem Formulation

Lesbian, Gay, Bisexual and Transgender (LGBT) individuals may have unique problems and exhibit behaviors that lead to clinical distress in a person's daily functioning and affects their mental and physical health (Reid et al., 2012). Minority Stress Theory offers a framework for some members of the LGBT community. Poor mental health and medical health caused by the effects of minority stress on the LGBT community can lead to, for example, substance use disorders (Pachankis, Restar, Ventuneac, Grov & Parsons, 2015). Minority Stress Theory explains that due to stigma and prejudice, this community will face unique health and mental health issues. It is clear by the health consequences and mental health impairments that affects this population that this is an important issue that deserves to be addressed in social work practice, and the importance of clinical preparedness to competently provide services to LGBT persons.

Some consequences that discrimination creates within the gay population are sexual risks, and sexual compulsivity causing a higher count of HIV transmission (Grov, Parsons, & Bimbi, 2010). These same researchers found that risky sex behaviors coincided with having sex under the influence, and engaging in unprotected sex, and an increase in multiple sex partners.

According to the Centers for Disease Control and Prevention, there was a total of 37,832 new HIV diagnosis in the United States in 2018 (CDC). According to the CDC, there are an estimated 1.1 million of people who were living with HIV by the end of 2016. It was also found that 14% of these people did not know they were infected with HIV. According to the World Health Organization (WHO), by the end of 2018 there was a total of 37.9 million people living with HIV. It was also found that due to gaps in HIV services, 770,000 died from HIV-related cases. Researchers found on primarily gay men has led to higher HIV transmissions and found evidence of this problem to be a syndemic (set of linked health issues that involves two or more issues together) (Parsons, Grov, & Golub, 2012). The WHO often mentions that key populations include men who have sex with men, and transgender people, people engaging in sex work, populations this study focuses on. Further stating that HIV prevention interventions should be mindful about overlapping effects that the LGBT community and clinicians need to be mindful of this.

Some issues that occur with substance use and the gay community is the pairing of substances and sexual activity calling it ‘Party and Play’ (PNP). Pairing sex along with substances such as methamphetamine is causing this phenomenon within the gay community (Race, 2015). Race found that gay men were likely to engage in unprotected sex, high risky sex behaviors such as intentionally trying to get infected with STIs during PNP. These are examples on how substance use issues, along with sexual transmitted infections both can

affect this population. By showing this connection to the specific needs of gay men and their medical and mental health, clinicians should be informed and trained to assess for these issues.

Some micro implications within the social work field and how they can affect an individual, clinicians need to be educated with the specific issues this population suffers. A study done on gay men, bisexual men found that men who engaged in erotic chatting over the internet engaged in unprotected sex 32.1% of the time (Adam, Murphy, & Wit, 2011). The same study also found that these same men who fantasied about unprotected sex, combined drug use with sex, and alcohol and argues that this issue should be taken into consideration to prevent HIV infections. This further explains why clinicians in the field need to be aware of the specific issues this population faces.

Purpose of the Study

The purpose of the study is to assess the knowledge, attitudes, and clinical competency that clinicians have when treating the population. For example, clinicians that are not versed within the LGBT community would not be aware of the special challenges that affect them therefore not being effective when treating this community. It is important to know if clinicians are adequately prepared to look for specific issues in their assessments such as HIV risk, specific drug usage, risky sex behaviors, and other common mental and medical illness issues that are specific to this group. This study aims to get a picture of

clinician's preparedness for the mental and physical health issues affecting this population.

Research methods utilized for this study include a survey developed and modified to measure the preparedness of clinicians who might practice with LGBT clients. By doing an exploratory study, this study hopes to gather valuable data on clinician's knowledge and attitudes contributing to their competency, and how clinicians might feel regarding treating LGBT clients. By doing an anonymous survey that participants can do in private, the researcher hopes to have more participants willing to answer. By doing this survey as a quantitative study, the data gathered through the surveys give better insight on the competency and attitudes that clinicians have with the LGBT population.

Significance of the Project for Social Work Practice

The findings of this study have both micro, and macro implications for current social work practice by providing information regarding clinician's competency and attitude regarding LGBT community. On the micro level clinicians must be aware of the co-occurring conditions such as substance abuse, and medical conditions and mental health issues that effect the LGBT community. This project was specifically guided by the exploring and assessing stages of the Generalist Model. By guiding the project in focusing on clinician's competency of the LGBT community during these stages. By doing so, this project can grasp a better understanding of how prepared clinicians feel when it

comes to LGBT issues. At the macro level, it provides a better understanding of this problem and its effects in the LGBT community regarding services for treatment and prevention needed for this population.

This study also has the potential to better inform agencies by showing the lack of LGBT competency in their clinicians to adopt models that can treat this population, and to include instruments that better screen LGBT clients. The results of the study can show the serious lack of knowledge and attitudes towards this population. The study can also have the potential to allow policy writers to have this population in mind in order to develop programs that can better tend to the needs of these individuals. By doing so, the community can prevent certain physical and mental illnesses and have better success rates on treating LGBT clients.

Currently there are few psychosocial culturally sensitive interventions to help address mental health issues such as substance use disorders or other mental health issues and related health risks among LGBT clients that can lead to HIV infections, or other health issues (Pachankis, 2014). The findings intend to inspire better clinicians and be awareness of the physical health, mental health, and substance abuse affecting this population. With the findings of this study, the researcher aims to better improve the quality of life for these individuals and communities, and better help them thrive. The research question for this project asks: How clinically competent are clinicians in southern California in regard to LGBT clients at risk of medical health issues, mental health issues?

CHAPTER TWO

LITERATURE REVIEW

Introduction

The following chapter reviews research that is relevant to the areas of interest that this project explored. Literature in this chapter includes factors that contribute to why this population suffers from specific physical health issues and mental health issues and their treatments. The subsections that are included are the medical and mental health issues regarding LGBT individuals, an overview of what is happening in different areas of the country, and medical illness and mental illnesses affecting this population. The final section explores the Minority Stress Model, and how it affects this population and the conceptualization of the model guiding this study.

Physical and Mental Health and the LGBT Community

When it comes to the mental and medical health of LGBT clients, there are specific issues that this population faces. For example, risky sex with the LGBT community can have negative outcomes especially when participants pair substances with sex. It was found that men who have sex with men frequently use substances such as methamphetamine while engaging in sex. In doing so men were less inhibited and were more likely to participate in risky sex (Race, 2015). Researchers have also found that LGBT individuals are at risk of poor

general health increasing risk not only for HIV but cancer, cardiovascular disease, asthma, and diabetes contributing to poor quality of life (Lick, Durso, & Johnson, 2013).

Mental Health

LGBT individuals have their mental health affected by belonging to a sexual minority group. According to the National Alliance on Mental Health (NAMI), LGB adults are more than twice as likely to experience a mental health condition compared to non-LGBT adults (Medley et al., 2019). Those belonging to the LGBT community are found to be at a higher risk of suicidal ideation and attempting suicide. Specifically, 48% of transgender adults report that they have considered suicide in the past year compared to 4% of the US population (James et al., 2016). It was found that individuals who engage in risky sex also suffer from sexual dysregulation and desire, as well as sexual impulsivity and sexual addictions (Kafka, 2009). These are all mental health concerns that the LGBT population experience at higher rates, as compared to a heterosexual counterpart.

Sex addictions are another concern although this study does not focus on solely this topic. Researchers have found that psychosocial problems such as depression, childhood sexual abuse, and domestic violence often lead LGBT individuals to have a negative self-image (Parsons, Grov, & Golub, 2012). Findings also showed a relationship from past sexual abuse and the mental health of individuals such as depression, self-destructive behaviors, anxiety, and

poor self-esteem, and this can be caused by trauma during their youth (Walsh, Fortier, & DiLillo, 2011). Another study showed the effects of sexual minority stress and the impairments of mental health causing depression and anxiety, and the seeking of unhealthy relationships between LGBT individuals (Pachankis, 2014).

Emotion dysregulation is also something that researchers found in their studies, it was found that LGBT individuals were more likely to suffer from rejection sensitivity, depression and anxiety, internalized homophobia, sexual compulsivity, and peer rejections (Pachankis et al., 2015). There is also correlation of childhood sexual abuse and traumas, with causing many mental disorders specific to the LGBT community (Mimiaga, 2009). The LGBT community suffers greatly on their mental health, and it is important to keep this into consideration when clinicians assess and consider treatment of this population.

Medical Health and LGBT

Clinicians being competent by having knowledge on the physical health of the LGBT community is crucial to understand the ailments that affect them. LGBT health is important because it has the benefits of reducing disease transmission and progression, as well as reducing health care costs. This in total, will increase the longevity for LGBT clients (Healthy People, 2020). There is research also suggesting that Lesbian and Bisexual women were found to be more likely to be

overweight or obese (Struble et al., 2010). It was also found that transgender individuals are less likely to seek and attain health insurance compared to heterosexual people, and even LGB people (National Gay and Lesbian Taskforce, 2009). Another study found that transgender individuals were particularly more at risk of physical health concerns and go undiagnosed due to being transgender due to the lack of having an open communication with their doctors due to their distrust (Pachankis, 2014).

LGBT individuals compared to heterosexual populations are suffering from some chronic conditions at a higher rate. Research suggests that LGBT people face health disparities associated to social stigma, due to denials of their human rights when seeking treatment (Healthy People, 2020). Research also shows that physical health disparities compared to heterosexual peers were in poorer conditions due to belonging to a sexual minority group such as LGB individuals, who were found to have unhealthy norms or beliefs that led to disability, acute conditions, and chronic conditions such as increased risk of cancer, asthma, and diabetes (Lick, Durso, & Johnson, 2013). It is important to note that drug use does not only lead to STIs but also to a decrease of general health.

Substance Abuse and LGBT

The LGBT community faces specific issues when it comes to substance abuse regarding the types of drugs they utilize, and how they can increase their risks of HIV or other health issues. Recent studies show that LGBT men who used substances along with high risk sexual behavior compared to a control

group participated in unprotected sex with both HIV-positive and HIV-negative partners (Carey et al., 2009). According to 2015 data, a survey who looked at LGB participants were twice as likely as hetero adults to have used an illicit drug, (National Institute on Drug Abuse). In addition, the LGBT community uses substances commonly used during unprotected sex include amyl nitrate "poppers," crystal methamphetamine, Viagra, and Ketamine. It was also found that use of combinations of these substances was associated with recent cases of HIV transmissions. (Carey et al., 2009). The practices of "party and play" is the practice of purposely inviting multiple men to use substances and have unprotected sex in the same setting (Race, 2015). Sex drug combinations (such as using crystal meth while having unprotected sex) are contributing to new HIV infections specifically using stimulants and erectile dysfunction drug use (Ostrow et al., 2009).

By better understanding how substances negatively affect to the medical health of the LGBT community researchers can understand the complexity of factors that affect them. According to the National Institute on Drug Abuse, only 7.4 percent of substance abuse programs offer specialized treatments for transgender populations (2017). Providing competent and culturally sensitive training to clinicians regarding the LGBT, is important to address the specific common needs of the LGBT client.

Theories Guiding Conceptualization

The theory used to guide this study is the Minority Stress Theory which focuses specifically on sexual minorities and the distal and proximal stressors that the LGBT community suffers from. The Minority Stress Model, first developed by Ilan H. Meyer, states that sexual minorities suffer chronically high stress from distal stressors such as prejudice, sexual discrimination, and sexual harassment (Meyer, 1995). It is argued that these distal stressors can come from family members and from peers that influence the individual into self-internalization. Thus, Minority Stress Model states that stress also comes from proximal stressors caused by distal stressors. Proximal stressors come in forms of self-hate, internalized homophobia, fear of rejection, and rumination of negative self-thoughts (Meyer, 1995). Other damaging proximal stressors are shame, guilt, anxiety, depression, and isolation from others.

Minority Stress Theory is composed of three major tenets. The first being that minority status leads to exposure to distal stressors. The second tenet being that minority status leads to increased exposure to proximal stressors as caused by distal stressors. The last tenet of the Minority Stress Theory is that minorities suffer adverse mental and physical health conditions due to exposure to both distal and proximal stressors. All three of these tenets have been in multiple tests and is well accepted by the research community and it was found that this theory describes and explains the health disadvantages within the sexual minority community (Pascoe & Richman, 2009). This theory is helpful in guiding the

present study due to the richness of research done with this model and because it addresses both views regarding medical and mental health of the LGBT community and the preparedness that clinicians may have.

As mentioned earlier, Minority Stress Theory explains the causes of the unique medical and mental health affecting sexual minorities particularly the LGBT community. Researchers found that minority stress particularly distal stressors such as discrete acts of prejudice, discriminant social policies, and limited access to quality health care leads to rejection sensitivity. This then leads the individual to proximal stressors such as distress, depression and anxiety, and negative affect leading to immune dysregulation which can lead to substance use to cope and risky health norms (Lick, Durso, & Johnson, 2013). Minority stress also plays a part in the mental health of LGBT individuals being influenced as distal stressors of childhood peer rejection, discrimination, and sexual nonconformity. As well as proximal stressors that the LGBT community experience such as internalized homonegativity, emotion dysregulation, depression and anxiety, sexual impulsivity (Pachankis et al., 2015). This theory explains how social issues can affect the LGBT community with specific problems.

This theory also explains how LGBT clients develop unique mental health issues. Meyer outlines in his 1995 study the distal and proximal stressors that gay men experienced being demoralization, guilt, suicide, AIDS, and sex problems. It was found that these LGBT individuals were correlated to

psychological distress and found that men who have high levels of minority stress were twice to three times likely to experience mental health disorders (Meyer, 1995). In another study it was found that minority stress causes stressors such as prejudice events, expectations of rejection, hiding and concealing themselves, internalized homophobia, and maladaptive coping skills, leading to a higher prevalence of mental disorders compared to heterosexuals (Meyer, 2003). It is evident that minority stress can cause mental and medical problems within the LGBT community.

Some limitations and criticisms that were found with the Minority Stress Model is that it is too focused on the negative experiences on LGBT individuals and ignores coping skills and the community resilience that LGBT clients have access to (Savin-Williams, 2008). Another criticism with the model is that many studies regarding minority stress are correlational, and they cannot infer causality – meaning that most existing research cannot prove that stressors cause stress and then causes poor health (Pascoe & Richman, 2009). Another limitation with the model is that researchers are undecided on whether minority groups such as sexual minorities and racial minorities experience the same stressors (Meyer, 2003). As with most research there always exists the limitations to the study, and this study has its own. However, this model is still the best theory to help conceptualize this study.

Summary

The current study gathered information regarding the competency and knowledge, and attitudes that clinicians have regarding LGBT clients. While there is a movement to increase clinical competency and knowledge, there is still much to work on. There is a need to spread LGBT cultural competency into already existing services, and the present research helps show how southern California clinicians are doing in terms of competency and knowledge for LGBT clients. The study seeks to look at current clinicians working in the field or interns and assessing their competency and knowledge regarding the LGBT population.

CHAPTER THREE

METHODS

Introduction

The purpose of this study is to assess clinicians' clinical competency regarding LGBT clients, by investigating their knowledge and attitudes regarding LGBT clients. This chapter provides specific details regarding on how the study was performed. The sections within this chapter are study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

This study measured clinical competency within clinicians pertaining to LGBT clients. This study is an exploratory research and this study is a cross-sectional quantitative survey study. The study measures clinician's competency and readiness to provide services or refer services to an LGBT client. This study provides data on how clinicians around Southern California feel that they are clinically competent and their knowledge regarding to stigma and prejudice. This study focuses on examining data from surveys provided to clinicians from different disciplines such as MSW, PCC, and MFTs, social work interns and other

helping professions and their self-reported clinical preparedness when working with LGBT clients.

The study utilizes an exploratory, quantitative approach, specifically with online surveys, subjects were inspired to honestly rate themselves on their competency, knowledge, and attitudes with the provided statements. The survey was distributed to different networks such as reddit.com, and facebook.com around Southern California to gather participants. By having this survey spread around through shareable URL, more participants were able to participate. By utilizing the software Qualtrics, participants experienced a simple, straightforward, survey that provided an easy experience. Providing a short and easy to access survey, participants were motivated to complete the survey, and encouraged to spread the survey to others.

One limitation of using surveys is that some people may not take them as serious as an interview. This may cause the study to be less reliable as people just answer however they want. Another issue of online surveys is that some participants taking this survey can choose to not finish the survey causing the research to have less data, or unfinished data. It must also be said that because this is quantitative data, there is no chance to follow up on questions. Most importantly is the lack of access to asking for feedback or clarifying client's answers when needing to.

Sampling

This study utilized a non-probability convenience sampling of clinicians with different disciplines in multiple settings across the Inland Empire. These participants were recruited through non-probability sampling methods to get enough participants. The selection criteria for this study required for participants to be over eighteen, and either be students or already working in the field as a clinician. As mentioned, before participants must be clinicians to participate. These samples were recruited through social media networks such as Facebook and Reddit. The study aimed to recruit a total of one-hundred participants to take the online survey through Qualtrics, and were able to access the survey through the shared URL, or from choosing to take the survey on social media sites such as Facebook and Reddit.

Data Collection and Instruments

This study collected quantitative data through a Qualtrics survey accessible through a forwardable URL link. This study first assessed the level of competency, knowledge, and attitudes. Then when comparing the independent variables of ethnic groups, sexual orientation, disciplines, those in the field, and gender influencing the dependent variable of the overall competency, knowledge, and attitudes regarding LGBT persons. The level of measurement for these variables are interval, due to using an existing scale (LGBT-DOCSS), which consists of Likert scale questions (Bidell, 2017). The surveys also have

demographic information collected in the start of the survey. The demographics collected are gender identification, sexual orientation, ethnicity, if they are a student intern or professional, discipline, and the location of their school or practice.

Participants received the URL through social media through a post on Reddit or Facebook, asking for participants being clinicians, and to be practicing or a student in the southern California area. By clicking on the URL, participants were able to access the survey. The participants access the Qualtrics survey and start the survey with an electronic version of the consent form.

The instrument that the survey was developed with is the Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (LGBT-DOCSS) (Bidell, 2017). The scale measured clinical preparedness, attitudes, and knowledge of the participant (Bidell, 2017). When taking the survey, the participant was instructed to choose on the Likert scale to what level do they strongly disagree or strongly agree on a presented statement. The levels that participants chose from is: 1 Strongly Disagree, 2 Disagree, 3 somewhat disagree to 4 Somewhat Agree/Disagree to 5 Somewhat Agree, 6 Agree and 7 Strongly Agree. Some statement examples provided to participants were: “I am aware of institutional barriers that may inhibit transgender people from using health care services,” and “I am aware of research indicating that LGB individuals experience disproportionate levels of health and mental health problems compared to heterosexual individuals.”

The LGBT-DOCSS was developed in order to have sound reliability, and validity by comparing the LGBT-DOCSS to other existing scales such as the Right-Wing Authoritarianism-Short Scale (RWA-S), the Genderism and Transphobia Scale-Revised-Short Form (GTS-R-SF), and the Lesbian, Gay, and Bisexual Affirmative Counseling Self-Efficacy Inventory (LGB-CSI), the Marlow-Crowne Social Desirability-Short Form-A (MCSD-SF-A). By utilizing these studies, researchers found that the LGBT-DOCSS showed a good internal consistency for the overall scale and showed initial evidence of content and discriminant validity (Bidell, 2017). The study also showed a Cronbach's coefficient alpha as .86 for the overall LGBT-DOCSS, .88 for Clinical Preparedness, .80 for Attitudinal Awareness, and .83 for Basic Knowledge. This scale has identified strengths of showing strong cross-loadings between LGBT clinical skills, and LGBT knowledge. The scale also has strong scores on clinical preparedness subscale, and the basic knowledge subscale (Bidell, 2017). The scale also shows promising information regarding its LGBT cultural sensitivity.

There is no scale without limitations, and the LGBT-DOCSS has several limitations. The LGBT-DOCSS was developed using a sample of mental health students, and other clinicians. It was also discussed that only a quarter of the sample were from medical health providers. It was also found that the sample did not include nurses, nurse practitioners, and physician assistants or clinical social workers. Another limitation on this measure is that it does not include input from LGBT clients, and no feedback from professional peers, or supervisors. Another

limitation is that the subjects taking the survey can report positive attitudes but may not be accurate about the true attitude of the clinician. This scale also lacks the data for non-English speaking participants and was developed on western countries and cultures.

These limitations are addressed by the researcher being aware of these limitations, and by adding different disciplines as participants. For example, the researcher reached out to clinical social workers, and tried to include other disciplines such as psychologists, and PCCs to participate. Hopefully, by including a range of disciplines, this can address and provide data from different perspectives. This survey also includes demographic information, and the researcher was able to have a variety of backgrounds.

Procedures

Data was collected through the help of distribution of the online survey through media such as Facebook, and Reddit utilizing a student account for Reddit, and personal account for Facebook. The URL link was the invite for the survey, and participants were able to take the survey through the help of Qualtrics. Participants then provide consent through Qualtrics and took a brief demographics survey that asked basic questions such as their disciplines and other information. After the demographics section, participants took the survey and answered the eighteen statements. After participants finished the survey, they were thanked, and the results were recorded for the researcher to analyze.

The survey was taken through the comfort of the participant's computer or their mobile devices. Each survey took approximately fifteen-twenty minutes to complete and was designed to not take too much time, and to be of ease to use. Data was gathered through different locations in southern California, and from different settings such as clinics, hospitals, and others. Participants varied on where they are located, and where they practice. Participants were also assigned a number to protect their information, and for the researcher to label the survey and have order.

Protection of Human Subjects

As all studies, this study worked with IRB to make sure participants protection came first. It is crucial for the researcher to ensure that the identity of the participants to be kept completely confidential. To protect their identity, the researcher did not ask for names, ages, or addresses. Participant's data was kept through the school's account with Qualtrics which uses advanced cyber encryption for each participant and their data after.

Due to the nature of the survey, participants were able to choose where they feel most comfortable and secure to submit surveys. This has the participant to be able to control where their data is being recorded, and if the environment is right for them. Each participant was required to read and sign the informed consent and have digital consent to sign. Each survey had an assigned random

number, for data analysis but also aided in the ensuring that no participant is identifiable.

All data and any physical data, if any, is kept in an encrypted CSUSB google drive folder. However, it is unlikely that researcher has physical data. One year after completion of the study, researcher will destroy all data from Qualtrics, and any data that researcher might have. This study has been approved by the IRB and has followed all IRB guidelines in protecting human subjects.

Data Analysis

Data gathered through participants answering the survey on Qualtrics was downloaded to SPSS and analyzed. The LGBT-DOCSS measured the overall clinical competency. This scale has known psychometric properties and has alpha correlations for internal consistency and a good test re-test reliability. The scale also measures what this study is interested in, being the clinical competency of clinicians.

This project is a quantitative study with calculating the overall level of competency, knowledge, and attitudes. After, some group comparisons were made such as social workers compared to other disciplines. These measures were measured with independent sample t-test analysis with the help of IBM SPSS, and the research advisor. Other data collected was demographics for each participant who took the survey.

Researcher was able to organize all data, and analyzed the data using the LGBT-DOCSS. The scores were reversed for questions 3, 4, 5, 7, 9, 12, 17, and 18. The total of the mean score for all participants was then collected. Higher scores on the measure indicates higher clinician levels of preparedness and knowledge and less prejudice towards LGBT clients.

Summary

The research looked at clinicians around southern California and was able to provide better data regarding their preparedness, and their knowledge and attitudes with working with LGBT clients. The data provided a better view on what clinicians and agencies need to adjust to be culturally competent. The data received provided a picture on how clinicians feel regarding their preparedness, knowledge, and attitudes working with LGBT clients. The hope of this study is to find a starting point on the services needed for LGBT individuals, and what type of training may be needed for clinicians to provide culturally sensitive services. Using quantitative methods in this study was best to provide this information.

CHAPTER FOUR

RESULTS

Introduction

This chapter provides an overview of the demographic data and the overall scored on the LGBT-DOCSS section of the survey provided to participants as well as participant responses to individual statements. Other information provided is the data from the independent samples t-test run on the data to see if sexual orientation, ethnicity, gender, disciplines, and experience affected clinical preparedness.

Demographics

There were a total of seventy-eight responses recorded through Qualtrics. After clearing irrelevant data and including only participants who consented to the study, there were fifty-nine participants. Most 83.1% of the participants were females. As for sexual orientation, 81.4% identified as heterosexual, 5.1% as Lesbian/Gay, 11.9% as Bisexual and 1.7% identified as Queer. Ethnicity was also asked of participants, and 52.5% identified as Caucasian, 1.7% as African American, 3.4% answered as Asian or Pacific Islander, 32.2% identified as Latinx, 8.5% as Mixed, and 1.7% as Other. One of the demographics also asked their profession, and 45.8% reported as Student Interns, and 54.2% reported as Working in the Field. Demographics regarding discipline were 3.4% as

Psychologists, 77.6% as MSW, 8.6% as MFT, 1.7% as PCC, and 8.6% as BSW with one missing entry. When it comes to location demographics, 64.4% answered with Southern CA, 5.1% as Central CA, 3.4% as Northern CA, and 27.1 as Other.

Table 1. Participant's Demographics

Variable	Frequency (n)	Percentage (%)
Gender:		
Female	49	83.1%
Male	10	16.9%
Orientation:		
Heterosexual	48	81.4%
Bisexual	7	11.9%
Lesbian/Gay	3	5.1%
Queer	1	1.7%
Ethnicity:		
Caucasian	31	52.5%
Latinx	19	32.2%
Mixed	5	8.5%
Asian or Pacific Islander	2	3.4%
African American		
Other	1	1.7%
	1	1.7%
Profession:		
Working in the Field	32	54.2%
Student Intern	27	45.8%
Discipline:		
MSW	45	77.6%
BSW	5	8.6%
MFT	5	8.6%
Psychologist	2	3.4%
PCC	1	1.7%
Location:		

Southern CA	38	64.4%
Other	16	27.1%
Central CA	3	5.1%
Northern CA	2	3.4%

The LGBT-DOCSS

The instrument used to measure clinical competency was The Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale. This scale asks questions that measures the participant's clinical preparedness, attitudes and knowledge when working LGBT clients. Ten participants did not finish this second half of the test, and data only reflected forty-nine participants. Participants were asked a total of eighteen questions measuring Clinical Preparedness questions, Attitudes questions and Knowledge questions. Participants were to answer if they Strongly Disagree (1), Disagree (2), Somewhat Disagree (3), Somewhat Agree/Disagree (4), Somewhat Agree (5), Agree (6), Strongly Agree (7). The LGBT-DOCSS also specifies to reverse the Likert scale on questions (3), (4), (5), (7), (9), (12), (17) and (18) prior to analyzing. Participant's surveys were then analyzed using SPSS.

These scores indicate that overall participants scored on the higher end of the scale where 7 the highest score possible, and 1 the lowest indicating having moderately high levels of knowledge and relatively positive attitudes towards LGBT people.

It is also interesting to note that when means were calculated from the 7 point ordinal scale, one of the highest was the mean for question 6 “I am aware of research indicating that LGB individuals experience disproportionate levels of health and mental health problems compared to heterosexual individuals.” The mean being 5.61. Another example of a high scoring question is question 8 “I am aware of research indicating that transgender individuals experience disproportionate levels of health and mental health problems compared to cisgender (male and females identifying with genders given at birth) individuals.” The mean score for this question is a 5.63, placing at Somewhat Agree or higher.

Other interesting points is looking at some of the questions with the lowest mean value. For example, for question 10, “I have received adequate clinical training and supervision to work with transgender clients/patients” the mean value is 3.10 placing it at Somewhat Disagree. Another question that has a low mean value is “I have received adequate clinical training and supervision to work with lesbian, gay, and bisexual (LGB) clients/patients.” This question had a mean value of 3.43 placing it at Somewhat Disagree. Question 16 “I have experience working with transgender clients/patients” has a low mean value of 3.57. Some other low questions that stand out is question 12 “The lifestyle of an LGB individual is unnatural or immoral.” The mean value for this question from the participants is 1.38 placing it at Strongly Disagree showing that clinicians have a positive attitude when working with LGB clients.

Clinical Preparedness

The survey provided to participants included seven statements intending to measure the participant's clinical preparedness with LGBT clients. The seven responses to these statements were "(1) Strongly Disagree, (2) Disagree, (3) Somewhat Disagree, (4) Somewhat Agree/Disagree, (5) Somewhat Agree, (6) Agree, and (7) Strongly Agree."

Table 2. Clinical Preparedness

Variable		Frequency (n)	Percent (%)
4. I would feel unprepared talking with a LGBT client/patient about issues related to their sexual orientation or gender identity.	Strongly Agree	2	3.4%
	Agree	2	3.4%
	Somewhat Agree	8	13.6%
	SomewhatAgree/Disagree	9	15.3%
	Somewhat Disagree	11	18.6%
	Disagree	7	11.9%
	Strongly Disagree	10	16.9%
10. I have received adequate clinical training and supervision to work with transgender clients/patients.	Strongly Disagree	8	16.3%
	Disagree	11	22.4%
	Somewhat Disagree	12	24.5%
	SomewhatAgree/Disagree	8	16.3%
	Somewhat Agree	7	14.3%
	Agree	2	4.1%
	Strongly Agree	1	2.0%
11. I have received adequate clinical training and supervision to work with lesbian, gay, and bisexual (LGB) clients/patients.	Strongly Disagree	4	8.2%
	Disagree	15	30.6%
	Somewhat Disagree	9	18.4%
	SomewhatAgree/Disagree	7	14.3%
	Somewhat Agree	7	14.3%
	Agree	5	10.2%
	Strongly Agree	2	4.1%
13. I have experience working with LGB clients/patients.	Strongly Disagree	4	8.2%
	Disagree	6	12.2%
	Somewhat Disagree	3	6.1%
	SomewhatAgree/Disagree	5	10.2%
	Somewhat Agree	9	18.4%
	Agree	12	24.5%
	Strongly Agree	10	20.4%

14. I feel competent to assess a person who is LGB in a therapeutic setting.	Strongly Disagree	0	0%
	Disagree	3	6.1%
	Somewhat Disagree	7	14.3%
	SomewhatAgree/Disagree	7	14.3%
	Somewhat Agree	6	12.2%
	Agree	19	38.8%
	Strongly Agree	7	14.3%
15. I feel competent to assess a person who is transgender in a therapeutic setting.	Strongly Disagree	2	4.1%
	Disagree	4	8.2%
	Somewhat Disagree	4	8.2%
	SomewhatAgree/Disagree	8	16.3%
	Somewhat Agree	13	26.5%
	Agree	13	26.5%
	Strongly Agree	5	10.2%
16. I have experience working with transgender clients/patients.	Strongly Disagree	7	14.3%
	Disagree	14	28.6%
	Somewhat Disagree	5	10.2%
	SomewhatAgree/Disagree	4	8.2%
	Somewhat Agree	8	16.3%
	Agree	8	16.3%
	Strongly Agree	3	6.1%

Attitudes

Survey provided to respondents also provided statements to measure the participant's attitudes when working with an LGBT client. The seven responses to these statements were "(1) Strongly Disagree, (2) Disagree, (3) Somewhat Disagree, (4) Somewhat Agree/Disagree, (5) Somewhat Agree, (6) Agree, and (7) Strongly Agree." Overall, the attitude scores were higher than the preparedness scores, with few participants showing negative attitudes when working with LGBT clients.

Table 3. Attitudes

Variable		Frequency (n)	Percent (%)
3. I think being transgender is a mental disorder.	Strongly Agree	0	0%
	Agree	2	4.1%
	Somewhat Agree	1	2.0%
	Somewhat	0	0%
	Agree/Disagree	1	2.0%
	Somewhat Disagree	10	20.4%
	Disagree	35	71.4%
	Strongly Disagree		
5. A same sex relationship between two men or two women is not as strong and committed as one between a man and a woman	Strongly Agree	0	0%
	Agree	0	0%
	Somewhat Agree	0	0%
	Somewhat	0	0%
	Agree/Disagree	1	2.0%
	Somewhat Disagree	9	18.4%
	Disagree	39	66.1%
	Strongly Disagree		
7. LGB individuals must be discreet about their sexual orientation around children.	Strongly Agree	1	2.0%
	Agree	0	0%
	Somewhat Agree	1	2.0%
	Somewhat	6	12.2%
	Agree/Disagree	1	2.0%
	Somewhat Disagree	13	26.5%
	Disagree	27	55.1%
	Strongly Disagree		
9. When it comes to transgender individuals, I believe they are morally deviant.	Strongly Agree	0	0%
	Agree	2	4.2%
	Somewhat Agree	1	2.1%
	Somewhat	1	2.1%
	Agree/Disagree	2	4.2%
	Somewhat Disagree	6	12.5%
	Disagree	36	75%
	Strongly Disagree		
12. The lifestyle of an LGB individual is unnatural or immoral.	Strongly Agree	0	0%
	Agree	0	0%
	Somewhat Agree	1	2.1%
	Somewhat	1	2.1%
	Agree/Disagree	2	4.2%
	Somewhat Disagree	7	14.6%
	Disagree	37	77.1%
	Strongly Disagree		
17. People who dress opposite to their biological sex have a perversion.	Strongly Agree	0	0%
	Agree	0	0%
	Somewhat Agree	1	2.0%
		0	0%

	Somewhat	2	4.1%
	Agree/Disagree	10	20.4%
	Somewhat Disagree	36	73.5%
	Disagree		
	Strongly Disagree		
18. I would be morally uncomfortable working with a LGBT client/patient.	Strongly Agree	0	0%
	Agree	0	0%
	Somewhat Agree	1	2.0%
	SomewhatAgree/Disagree	0	0%
	Somewhat Disagree	0	0%
	Disagree	10	20.4%
	Strongly Disagree	38	77.6%

Knowledge

The survey provided to respondents also provided statements to measure the participant's knowledge when working with an LGBT client. The seven responses to these statements were "(1) Strongly Disagree, (2) Disagree, (3) Somewhat Disagree, (4) Somewhat Agree/Disagree, (5) Somewhat Agree, (6) Agree, and (7) Strongly Agree."

Table 4. Knowledge

Variable		Frequency (n)	Percent (%)
1. I am aware of institutional barriers that may inhibit transgender people from using health care services.	Strongly Disagree	2	4.1%
	Disagree	1	2.0%
	Somewhat Disagree	1	2.0%
	Somewhat Agree/Disagree	5	10.2%
	Somewhat Agree	9	18.4%
	Agree	17	34.7%
	Strongly Agree	14	28.6%
2. I am aware of institutional barriers that may inhibit LGB people from using health services.	Strongly Disagree	1	2.0%
	Disagree	1	2.0%
	Somewhat Disagree	1	2.0%
	Somewhat Agree/Disagree	4	8.2%
	Somewhat Agree	12	24.5%
	Agree	17	34.7%
	Strongly Agree	13	26.5%

6. I am aware of research indicating that LGB individuals experience disproportionate levels of health and mental health problems compared to heterosexual individuals.	Strongly Disagree	2	4.1%
	Disagree	3	6.1%
	Somewhat Disagree	0	0%
	Somewhat Agree/Disagree	3	6.1%
	Somewhat Agree	7	14.3%
	Agree	18	36.7%
	Strongly Agree	16	32.7%
8. I am aware of research indicating that transgender individuals experience disproportionate levels of health and mental health problems compared to cisgender individuals	Strongly Disagree	1	2.0%
	Disagree	2	4.1%
	Somewhat Disagree	2	4.1%
	SomewhatAgree/Disagree:	3	6.1%
	Somewhat Agree	7	14.3%
	Agree	20	40.8%
	Strongly Agree	14	28.6%

In general, participants felt that they had a fair amount of knowledge when working with the LGBT population.

T-Test Comparison

With the help of SPSS, the researcher was able to conduct an independent samples t-test to see if competence was influenced by sexual orientation, gender, experience, ethnicity, and discipline. The groups that were being compared in the research were heterosexual participants (1), compared to all other sexual orientations (2). The same was performed with discipline being social workers (1) compared to all other professions (2). Another test ran was whether participants who were either student interns (1) compared to working in the field (2). Another test ran was with male participants (1) compared to other sexual identities (2). Finally, the last t-test ran was with Caucasian participants compared to all other ethnicities. The study was intending on finding the overall

trend which is that clinicians are accepting and aware of existing barriers, however they feel unprepared with working with LGBT clients specifically transgender clients within Southern California. The study intended to see if current clinicians are prepared to help an LGBT client in either a medical or mental health setting, and if they are aware of specific issues that this community faces.

The researcher was able to run several separate independent samples t-test involving separate group such as Caucasians compared to all other ethnicities, or males compared to other sexual identities, or student interns compared to working on the field. The reason was to see if there was more discrimination or more unpreparedness with white males, or non-LGBT clinicians, or with experience of the clinician. In all cases, the differences were not statistically significant.

Summary

A survey was created with the guidance of the LGBT-DOCSS and was transformed into an online format. Participants were recruited through Reddit, and Facebook, with the sharing of an URL link to recruit participants to take the survey. A total of seventy-eight responses were recorded. Only fifty-nine participants were able to finish some of the survey, as seen in Table 1, especially demographic data. Only forty-nine participants were recorded to have finished both the demographics and the statements provided as seen in Table 1.

Overall findings found that the overall level of competency with clinicians working with LGBT persons was high. Some differences found in preparedness is that clinicians somewhat disagree when it comes to receiving adequate clinical training. Another was that clinicians disagree with receiving clinical training with LGB clients. There were no differences found with clinician's attitudes with LGBT clients, clinicians had mostly positive attitudes. Clinician's knowledge with the LGBT community had fair amount of knowledge and were relatively high.

CHAPTER FIVE

DISCUSSION

Introduction

The following chapter discusses findings with this research as the data was presented in the results section. Chapter five also discuss limitations of the study, and implications for future clinicians in the field or students, regarding the LGBT client. This chapter also provides recommendations regarding social work practice in the future, as well as future studies on clinician competency on working with LGBT clients.

Discussion

The purpose of this study was to assess if there are any needs in southern California to increase clinical competency with clinicians working with the LGBT community. The study intended to capture data from clinicians working in the field and student interns working in Southern California in order to find the competency, attitudes, and knowledge of these clinicians working in the field with LGBT clients in mental health and medical health settings.

Using the LGBT-DOCSS statements and demographics provided by participants, the online survey was able to record participant's clinical

preparedness, attitude, and knowledge when working with an LGBT client. The overall finding found that clinicians had moderately high levels of overall clinical competence. The study did not see any significant differences with the participants when comparing with different groups from the study.

There are some important findings to note when looking at the data. Tests showed that when comparing ethnic groups, the participants had nearly identical means. When comparing heterosexual participants versus other orientations, the heterosexual group had slightly higher means, which would be expected with heterosexual participants. It is interesting to show that the social worker clinicians had a slightly higher mean when compared to MFTs, PCCs, and others. Another point is that those in the field had a slightly higher mean, could imply that when clinicians join the field, there could be more training compared to what programs may offer to clinicians. It was also interesting to find that males had a slightly higher mean compared to females. However, the number of participants was small, and could be overlapping with other variables.

It is important to note that the southern California area might be learning clinical competency skills when working with LGBT clients. Perhaps the commonality with working with LGB or transgender clients, and clinicians are being exposed to more of a variety of clients. The study showed that clinicians are open and understand research involving transgender and LGB clients. It also showed that clinicians would be open to working with an LGBT client.

There is also the competence side of things, and the study shows that most participants 65% agreed to being competent to assess an LGB client, and 63% agreed that they were competent to assess a transgender client. With the findings showing 60% and over, these levels are moderately good. However, they are not good enough. Participants were also unsure of being able to assess these clients when working with this community. This is probably due to being trained during the field with their agencies. It could also be good that clinicians are thinking about the research and treatments involving LGBT clients, but do not know how to apply it, or perhaps do not have too much practice.

The findings in this research is not consistent with research around, for example, it was found that students and practitioners are generally not prepared when working with LGBT clients, (Fredriksen-Goldsen et al., 2014). It was found that clinicians have ethical mandates to be possess knowledge and competency when working with diverse clients, however it is absent when working with older adult LGBT in both medical and social services. Other research has found that medical and mental health issues affecting the LGBT community is caused by minority stress which causes antigay stigma causing these issues, (Lick, Durso, & Johnson, 2013). Some other research mentions that gay and bisexual men suffer from negative effects from minority stress and the clinical setting. These being depression, and anxiety, caused by society including clinical practitioners, (Pachankis, 2014).

Limitations of Study Design

A limitation in this study is the sample size. The survey yielded seventy-eight responses, however, only fifty-nine participants completed the demographics section of the survey. Forty-nine participants completed the section with the statements concerned with clinical competency, knowledge, and attitudes. This small number of participants would require very large differences in order to show that anything is significant. This limitation could contribute to the significance of tests. Another limitation is possible sample bias, data found cannot be generalized with all other clinicians around the country, or the general population.

Another limitation of the sample is that most participants were from southern California and did not have a variety as perhaps doing a survey with all of California. Another limitation to this study is that most of the participants in this study identified as females, and fewer were with males. Perhaps having more male respondents would show significant differences. Another limitation is that the study was mostly composed of MSW participants, compared to the other disciplines. A considerable number of participants answered “other” as their location, this could possibly affect the study. Finally, all participants were volunteers and it is unknown how they have differed from the population of all clinicians.

Recommendation for Social Work Practice and Research

The purpose of this study was to better understand the degree to which clinicians working in the field or student interns in southern California feel clinically competent working with LGBT clients. There were no significant differences found, however, the continuation of educating and providing courses to better improve clinician's competency with LGBT client needs to continue. Southern California is growing to include many diverse communities and continues to be mixed with open and accepting clinicians. Further recommendation would be to continue with cultural competency trainings, and to continue offering courses in student intern's education curriculum.

When conducting this research negative results were expected to be significant. It is pleasing to see that clinicians in southern California are receiving competent trainings regarding the LGBT community. It is most pleasing to see that clinicians are trying to become better competent, and to see that programs are training their students well. This data can better reinforce that hard work that social services are inspiring to be to be better. The LGBT community will continue to exist, and research will only continue to improve social work implications. Practice will continue to evolve, and hopefully better treatments, and better outcomes for LGBT clients.

Current agencies and their policies are showing promise in working to better train clinicians. Perhaps nearby organizations are learning to better treat their clients and are including further trainings specifically with the LGBT

community. School policy should continue to honor and immerse their students into LGBT culture, and into further knowledge into evidence-based practices with LGBT clients, or perhaps include a sexuality and gender class. More cases including LGBT clients should be presented to interns in order to increase their existing knowledge and experience. This will perhaps let clinicians feel comfortable working with this complex community.

As for research, future recommendations would be to conduct a study with a larger sample size. Perhaps finding the overall attitude to the whole United States and see if there is different data. It is also important to diversify sample by finding a more mixed sample with different disciplines. Future research should include more males in the sample. Future research should also focus on specific evidence-based practices and see if clinicians are informed. Another recommendation is to look at the macro level of agencies, and find information pertaining to existing LGBT trainings and policies and see which are more effective.

Conclusion

The purpose of the study was to seek overall data regarding the clinical competency knowledge and attitudes with working with the LGBT community. The data included clinicians within southern California who identified as student interns or working in the field. Some interesting findings include: an openness to LGBT clients, and an unsureness when working with LGB clients or transgender clients. Social work practice needs to continue educating future clinicians and

current organizations into including LGBT trainings to their clinicians to continue current trends. Southern California is on the right path to continue to offer competent services to LGBT clients. The results of this study do not correlate with literature found on this topic of LGBT clinical competency, attitudes, and knowledge. Research from different studies, and from different locations shows that LGBT clients are frequently overlooked and do not receive adequate health care from clinicians. Research also shows that clinicians have negative attitudes when working with LGBT client. Future research should continue to focus on improving services and evidence-based practices with LGBT clients. By increasing LGBT specific courses in programs, and having exposure with working with LGBT clients, clinical competence will continue to increase, and prepare competent clinicians.

APPENDIX A

INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine clinical preparedness among clinicians with Lesbian, Gay, Bisexual, and Transgender (LGBT) clients. The study is being conducted by Martin Rojas, a graduate student, under the supervision of Dr. Laurie Smith, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of this study is to examine LGBT clinical preparedness among clinicians.

DESCRIPTION: Participants will be asked a few questions regarding clinical preparedness, attitudes, and basic knowledge regarding LGBT clients and some demographics.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential and data will be reported in group form only.

DURATION: It will take 10 to 15 minutes to complete the survey.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Smith at (909) 537- 3501.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2020. I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

APPENDIX B

DEMOGRAPHICS

DEMOGRAPHICS

Gender: Male, Female, Transgender

Sexual Orientation: Heterosexual, Lesbian/Gay, Bisexual, Queer

Ethnicity: Caucasian, African American, Asian, Latinx, Mixed, Other

Intern/Professional: Student Intern, Working in the Field

Discipline: Psychologist, MSW, MFT, PCC, BSW

Location: Southern California, Central California, Northern California, Other

APPENDIX C

LGBT-DOCCS

Instructions: Items on this scale are intended to examine clinical preparedness, attitudes, and basic knowledge regarding lesbian, gay, bisexual, and transgender (LGBT) clients/patients. Please use the provided scale to rate your level of agreement or disagreement for each item. Please note, items on this scale primarily inquire about either sexual orientation (LGB = lesbian, gay, and bisexual) or gender identity (transgender). Two questions are inclusive and refer collectively to lesbian, gay, bisexual, and transgender (LGBT) clients/patients.

1. I am aware of institutional barriers that may inhibit transgender people from using health care services.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	**4**	5	6	**7**

2. I am aware of institutional barriers that may inhibit LGB people from using health services.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	**4**	5	6	**7**

3. I think being transgender is a mental disorder.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	**4**	5	6	**7**

4. I would feel unprepared talking with a LGBT client/patient about issues related to their sexual orientation or gender identity.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	**4**	5	6	**7**

5. A same sex relationship between two men or two women is not as strong and committed as one between a man and a woman.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	**4**	5	6	**7**

6. I am aware of research indicating that LGB individuals experience disproportionate levels of health and mental health problems compared to heterosexual individuals.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	**4**	5	6	**7**

7. LGB individuals must be discreet about their sexual orientation around children.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	**4**	5	6	**7**

8. I am aware of research indicating that transgender individuals experience disproportionate levels of health and mental health problems compared to cisgender individuals.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	**4**	5	6	**7**

9. When it comes to transgender individuals, I believe they are morally deviant.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	**4**	5	6	**7**

10. I have received adequate clinical training and supervision to work with transgender clients/patients.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	**4**	5	6	**7**

11. I have received adequate clinical training and supervision to work with lesbian, gay, and bisexual (LGB) clients/patients

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	**4**	5	6	**7**

12. The lifestyle of a LGB individual is unnatural or immoral.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	**4**	5	6	**7**

13. I have experience working with LGB clients/patients.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	**4**	5	6	**7**

14. I feel competent to assess a person who is LGB in a therapeutic setting.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree

15. I feel competent to assess a person who is transgender in a therapeutic setting.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	**4**	5	6	**7**

16. I have experience working with transgender clients/patients.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	**4**	5	6	**7**

17. People who dress opposite to their biological sex have a perversion.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	**4**	5	6	**7**

18. I would be morally uncomfortable working with a LGBT client/patient.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	**4**	5	6	**7**

APPENDIX D

INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

IRB #: IRB-FY2020-96
Title: CLINICAL PREPAREDNESS OF CLINICIANS WITH LGBT CLIENTS
Creation Date: 11-6-2019
End Date:
Status: Approved
Principal Investigator: Martin Rojas
Review Board: Main IRB Designated Reviewers for School of Social Work
Sponsor:

Study History

Submission Type	Review Type	Decision
Initial	Exempt	Exempt

Key Study Contacts

Member Laurie Smith	Role Co-Principal Investigator	Contact lasmith@csusb.edu
Member Martin Rojas	Role Principal Investigator	Contact 004736562@coyote.csusb.edu
Member Martin Rojas	Role Primary Contact	Contact 004736562@coyote.csusb.edu

REFERENCES

Adam, P. C., Murphy, D. A., & Wit, J. B. (2011). When do online sexual fantasies become reality? The contribution of erotic chatting via the Internet to sexual risk-taking in gay and other men who have sex with men. Health Education Research, 26(3), 506-515. doi:10.1093/her/cyq085

Bidell, M. P. (2017). The lesbian, gay, bisexual, and transgender development of clinical skills scale (LGBT-DOCSS): Establishing a new interdisciplinary self-assessment for health providers. Journal of Homosexuality, 64(10), 1432–1460. doi: 10.1080/00918369.2017.1321389

Carey, J. W., Mejia, R., Bingham, T., Ciesielski, C., Gelaude, D., Herbst, J. H., . . . Stall, R. (2009). Drug use, high-risk sex behaviors, and increased risk for recent HIV infection among men who have sex with men in Chicago and Los Angeles. AIDS and Behavior, 13(6), 1084-1096. doi:10.1007/s10461-008-9403-3

Centers for Disease Control and Prevention. (2019, November 22). Basic Statistics. Retrieved March 10, 2020, from https://www.cdc.gov/hiv/basics/statistics.html

Fredriksen-Goldsen, K. I., Hoy-Ellis, C. P., Goldsen, J., Emlet, C. A., & Hooyman, N. R. (2014). Creating a vision for the future: Key competencies and strategies for culturally competent practice with lesbian, gay, bisexual, and transgender (LGBT) older adults in the health and human services.

Journal of Gerontological Social Work, 57(2-4), 80–107. doi: 10.1080/01634372.2014.890690

Healthy People. (2020). Lesbian, gay, bisexual, and transgender health. Retrieved April 22, 2020, from https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health#30

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet , L., & Anaf, M. (2016). The report of the 2015 U.S. transgender survey. Washington D.C: National Center for Transgender Equality.

Kafka, M. P. (2010). Hypersexual disorder: A proposed diagnosis for DSM-V. Archives Sexual Behavior, 39, 377-400.

Lick, D. J., Durso, L. E., & Johnson, K. L. (2013). Minority stress and physical health among sexual minorities. Perspectives on Psychological Science, 8(5), 521-548.

Medley, G., Lipari, R. N., Bose, J., Cribb, D. S., Kroutil, L. A., & McHenry, G. (2016, October). Sexual orientation and estimates of adult substance use and mental health: Results from the 2015 national survey on drug use and health. Retrieved March 8, 2020, from https://www.samhsa.gov/data/

Meyer, I. H. (1995). Minority stress and mental health in gay men. Journal of Health and Social Behavior, 36(1), 38-56.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. Psychological Bulletin, 129(5), 674-697. doi:10.1037/0033-2909.129.5.674

Mimiaga, M. J., Noonan, E., Donnell, D., Safren, S. A., Koenen, K. C., Gortmaker, S., . . . Mayer, K. H. (2009). Childhood sexual abuse is highly associated with HIV risk-taking behavior and infection among MSM in the EXPLORE study. JAIDS Journal of Acquired Immune Deficiency Syndromes, 51(3), 340-348. doi:10.1097/qai.0b013e3181a24b38

National Alliance on Mental Illness. (2019). NAMI. Retrieved March 10, 2020, from https://www.nami.org/find-support/lgbtq

National Institute on Drug Abuse. (2017, September 5). Substance use and SUDs in LGBTQ* Populations. Retrieved April 22, 2020, from https://www.drugabuse.gov/related-topics/substance-use-suds-in-lgbtq-populations

Ostrow, D. G., Plankey, M. W., Cox, C., Li, X., Shoptaw, S., Jacobson, L. P., & Stall, R. C. (2009). Specific sex drug combinations contribute to the majority of recent HIV seroconversions among MSM in the MACS. Journal of Acquired Immune Deficiency Syndromes, 51(3), 349-355. doi:10.1097/qai.0b013e3181a24b20

Pachankis, J. E. (2014). Uncovering clinical principles and techniques to address minority stress, mental health, and related health risks among gay and bisexual men. Clinical Psychology: Science and Practice, 21(4), 313-330. doi:10.1111/cpsp.12078

Pachankis, J. E., Rendina, H. J., Restar, A., Ventuneac, A., Grov, C., & Parsons, J. T. (2015). A minority stress—emotion regulation model of sexual

compulsivity among highly sexually active gay and bisexual men. Health Psychology, 34(8), 829-840. doi:10.1037/hea0000180

Parsons, J. T., Grov, C., & Golub, S. A. (2012). Sexual compulsivity, co-occurring psychosocial health problems, and HIV risk among gay and bisexual men: Further evidence of a syndemic. American Journal of Public Health, 102(1), 156-162. doi:10.2105/ajph.2011.300284

Pascoe, E. A., & Richman, L. S. (2009). Perceived discrimination and health: A meta-analytic review. Psychological Bulletin, 135(4), 531-554. doi:10.1037/a0016059.supp

Race, K. (2015). 'Party and Play': Online hook-up devices and the emergence of PNP practices among gay men. Sexualities, 18(3), 253-275. doi:10.1177/1363460714550913

Reid, R. C., Carpenter, B. N., Hook, J. N., Garos, S., Manning, J. C., Gilliland, R., . . . Fong, T. (2012). Report of findings in a DSM-5 field trial for hypersexual disorder. Journal of Sexual Medicine, 9, 2868-2877.

Savin-Williams, R. C. (2008). Then and now: Recruitment, definition, diversity, and positive attributes of same-sex populations. Developmental Psychology, 44(1), 135-138. doi:10.1037/0012-1649.44.1.135

Struble, C. B., Lindley, L. L., Montgomery, K., Hardin, J., & Burcin, M. (2010). Overweight and obesity in lesbian and bisexual college women. Journal of American College Health, 59(1), 51–56. doi: 10.1080/07448481.2010.483703

The Taskforce. (2010, October 13). New report reveals rampant discrimination against transgender people by health providers, high HIV rates and widespread lack of access to necessary care. Retrieved April 22, 2020, from https://www.thetaskforce.org/new-report-reveals-rampant-discrimination-against-transgender-people-by-health-providers-high-hiv-rates-and-widespread-lack-of-access-to-necessary-care-2/

Walsh, K., Fortier, M. A., & Dilillo, D. (2010). Adult coping with childhood sexual abuse: A theoretical and empirical review. Aggression and Violent Behavior, 15(1), 1–13. doi: 10.1016/j.avb.2009.06.009

World Health Organization. (2019, November 15). HIV/AIDS. Retrieved March 10, 2020, from https://www.who.int/news-room/fact-sheets/detail/hiv-aids